

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01032

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Talbot MARYLAND		STATE Maryland COUNTY Talbot	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN St. Michaels, Life		TOWN St. Michaels, (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (First) Tyrone (Middle) Westley (Last) Cannon		4. DATE OF DEATH (Month) (Day) (Year) 1 15 1956	
5. SEX M 6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) -	
8. DATE OF BIRTH 8/9/55		9. AGE last birthday yrs. 5 6	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -		10b. KIND OF BUSINESS OR INDUSTRY -	
11. BIRTHPLACE (State or foreign country) St. Michaels, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Wilson Cannon		14. MOTHER'S MAIDEN NAME Doris Thomas	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
(If Yes, give war or dates of service)		17. INFORMANT & ADDRESS Wilson Cannon	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 491X IMMEDIATE CAUSE (A) <i>Bronchitis, Pneumonia</i> INTERVAL BETWEEN ONSET AND DEATH 3 days			
ANTECEDENT CAUSE(S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE			
STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 12:15 P.M., from the causes and on the date stated above.			
SIGNATURE <i>R. Lane Heath</i>		ADDRESS (Street, city, town, state) <i>St. Michaels, Talbot, Md.</i> DATE SIGNED <i>1-16-56</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1/17/56 NAME OF CEMETERY OR CREMATORIAL New Colored Cemetery	
24. REC'D BY REGISTRAR DATE JAN 17 1956		REGISTRAR'S SIGNATURE <i>Mrs. R. R. Setzer</i> 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Norman D. Marshall, St. Michaels, Md.</i>	

OF THE STATE CHAMBERS
OF THE STATE CHAMBERS

STATE OF SOUTH DAKOTA

RECEIVED

RECEIVED BY THE STATE CHAMBERS

JOHN

RECEIVED

BUREAU V.

RECEIVED
MAY 1956

RECEIVED

1255

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

COUNTY Talbot

MARYLAND

CITY (If outside corporate limits, write RURAL
OR
and give nearest town)TOWN EastonLENGTH OF STAY
(in this place)

7 days

HOSPITAL OR
INSTITUTION OR
STREET ADDRESSSTREET
ADDRESS Memorial Hospital3. NAME OF
DECEASED:
(Type or Print)Mrs. Townsend

(Middle)

(Last)

Cooper

5. SEX:

F6. COLOR OR
RACE: white7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): widowed10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):

13. FATHER'S NAME:

Mrs. Samuel10B. KIND OF BUSINESS
OR INDUSTRY:None18. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) no (If Yes, give war or dates
of service)

16. SOCIAL SECURITY NO.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332x

IMMEDIATE CAUSE

(A) DUE TO

Encephalitis

ANTECEDENT CAUSE (S)

(B) DUE TO

Myocardial scarringDISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(C) DUE TO

Advanced arteriosclerosis.II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OR INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

White Not while
at work at work 22. I hereby certify that I attended the deceased from 1/1/56, to 1/22/56, that I last saw the deceased
alive on 1/1/56, 1956, and that death occurred at 7:45 PM, from the causes and on the date stated above.
SIGNATURE Cooper ADDRESS Easton DATE SIGNED 23 Jun 195623. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL
REGISTRAR7/23/56

REGISTRAR'S SIGNATURE

M. H. Neer

24. FUNERAL DIRECTOR

ADDRESS

Chesapeake Easton

BUREAU V. S.

JAN 30 1956

RECEIVED

1956

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

COUNTY

Talbot

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN

Euston

LENGTH OF STAY
(in this place)

8 da.

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Memorial Hospital

3. NAME OF
DECEASED:
(Type or Print)

(First)

(Middle)

(Last)

Lily Mae Hawkins

5. SEX:

Fe

w

6. COLOR OR
RACE:SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify):

8. DATE OF BIRTH:

Feb 26, 1883

9. AGE last birthday

72

yrs.

IF UNDER 1 YEAR

Months

IF UNDER 24 HRS.

Days

1956

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):10B. KIND OF BUSINESS
OR INDUSTRY:

B.W.

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT
COUNTRY?

USA

13. FATHER'S NAME:

Mr. Charles Leverton

14. MOTHER'S MAIDEN NAME:

Sarah Elizabeth Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates
of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

Mr. Edward K. Hawkins

18. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATHINTERVAL BETWEEN
ONSET AND DEATH

IMMEDIATE CAUSE

(A)
DUE TO

Myocardial Infarct

ANTECEDENT CAUSE (S):

(B)
DUE TO

Coronary thrombosis

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

While Not while
at work at work 22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased
alive on , 19 , and that death occurred at 11 ²⁶/₁₇ M, from the causes and on the date stated above.
SIGNATURE: *Robert J. Neerer* ADDRESS: *Capitol* DATE SIGNED: *10/9/1956*23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL
REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

1-7-56

N.Y. Neerer

Robert J. Neerer

RECEIVED
BUREAU V. S.

JAN 12 1956

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be retained within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1076

01035

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY talbot		MARYLAND		STATE MD	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Easton		LENGTH OF STAY (in this place) Life		CITY (If outside corporate limits, write RURAL and give nearest town) Easton	
TOWN				STREET ADDRESS RFD #2	
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #2			(If rural give location)		
3. NAME OF DECEASED (Type or Print) George W. Dobson			4. DATE (Month) (Day) (Year) 1 20 1956		
5. SEX Male	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 3/27/86	9. AGE last birthday 19 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook			10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Jake Dobson			14. MOTHER'S MAIDEN NAME Sally Price		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no			16. SOCIAL SECURITY NO. 215-20-2018		
17. INFORMANT & ADDRESS William Dobson, Easton, Md.			18. MEDICAL CERTIFICATION		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 450.0 IMMEDIATE CAUSE (A) Heart Failure			INTERVAL BETWEEN ONSET AND DEATH 6 days		
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Generalized Arteritis telangi (C) eps			DUE TO		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-17, 1956 , to 1-20, 1956 , that I last saw the deceased alive on 1-20, 1956 , and that death occurred at 3:00 A.M. from the causes and on the date stated above. SIGNATURE John B. Neeris ADDRESS (Street, city, town, state) Easton, Md. DATE SIGNED 1-22-56					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1/23/56		NAME OF CEMETERY OR CREMATORIAL Richards Cem.	
24. REC'D BY REGISTRAR DATE 1/21/56		REGISTRAR'S SIGNATURE John H. Neeris		LOCATION (City, town, or county) Easton, Md.	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS					
DATE 1/21/56					

MANAGAN STATE DEPARTMENT OF BUREAU OF INVESTIGATION

STATE OF CALIFORNIA

RECEIVED

BUREAU V. S.

JAN 30 1956

RECEIVED

1057

CERTIFICATE OF DEATH

Reg. Dist. No. 290...

1. PLACE OF DEATH:

COUNTY Talbot

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)LENGTH OF STAY
(in this place)TOWN EASTON

36 hrs

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS80 EASTON Memorial Hosp.3. NAME OF
DECEASED:
(Type or Print)(First) Stella

(Middle)

(Last) Foster

4. SEX:

6. COLOR OR

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.

RACE:

(Specify): MARRIED10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):10B. KIND OF BUSINESS
OR INDUSTRY:

13. FATHER'S NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates
of service)

16. SOCIAL SECURITY NO.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

444X

IMMEDIATE CAUSE

(A)

Heart failure

ANTECEDENT CAUSE (S)

DUE TO

High tensionDISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town) (County)
INJURY OCCUR?

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/16, 1956, to 1/18, 1956, that I last saw the deceased
alive on 1/16, 1956, and that death occurred at 5:20 AM, from the causes and on the date stated above.
SIGNATURE Robert Stevens ADDRESS 1057 DATE SIGNED 19 Jan 195623. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Removal-Burial

DATE THEREOF

1/24/1956

NAME OF CEMETERY OR CREMATORIAL

Rock Cemetery

LOCATION (City, town, or county)

R.F.D. #1 Cambridge, Md

(State)

DATE REC'D BY LOCAL
REGISTRAR

1/22/56

REGISTRAR'S SIGNATURE

J.W. Morris

24. FUNERAL DIRECTOR

W.H. Morris

ADDRESS

1057 Cambridge, Md

BUREAU V. S.

JAN 30 1956

RECEIVED

INSTRUCTIONS

1

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1077

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01037

CERTIFICATE OF DEATH

Item 5, FilmGL92 2-15-56 et

Reg. Dist. No. 290

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY TOWN	MARYLAND RURAL TOWN	STATE CITY OR TOWN	COUNTY RURAL TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	LENGTH OF STAY (If this place)	STREET ADDRESS	(If rural give location)
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) OF DEATH	
First) Della		(Middle) Henley	(Last) Gailey
5. SEX Female	6. COLOR OR RACE CO	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH May 19, 1887
9. AGE last birthday 68 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gailey	11. KIND OF BUSINESS OR INDUSTRY Anytime	12. CITIZEN OF WHAT COUNTRY Princess Anne County, Va.
13. FATHER'S NAME William James Henley	14. MOTHER'S MAIDEN NAME Emma Dasier		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS Mrs. Henry L. Heineman	18. MEDICAL CERTIFICATION Coronary Thrombosis Classic Myocarditis Hypertension Disease
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420. IMMEDIATE CAUSE (A) Coronary Thrombosis ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) Classic Myocarditis GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. DUE TO (C) Hypertension Disease			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from..... Nov., 1956..... to Jan. 28, 1956....., that I last saw the deceased alive on 28 Jan., 1956....., and that death occurred at 7:30 P.M., from the causes and on the date stated above. SIGNATURE J. Tyler Baker M.D. ADDRESS (Street, city, town, state) DATE SIGNED 29 Jan. 56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF Jan 29, 56	NAME OF CEMETERY OR CREMATORI Eastern Shore Chapel	LOCATION (City, town, or county) Virginia Beach, Va. (State)
24. READ BY REGISTRAR DATE Jan 29, 56	REGISTRAR'S SIGNATURE H. N. Peacock	25. FUNERAL DIRECTOR'S SIGNATURE R. E. Cook	ADDRESS Eastern Md.

1078

CERTIFICATE OF DEATH

Reg. Dist. No. 291...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>MD</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL OR <input type="checkbox"/> give nearest town) TOWN <u>Bellvue</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR <input type="checkbox"/> TOWN <u>Bellvue md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Box 17</u>		STREET ADDRESS <u>P.O. Box 17</u>	
3. NAME OF DECEASED: (Type or Print) <u>Frank Easter Green</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>1 20 1956</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>Col</u>	7. SINGLE, MARRIED. WIDOWED, DIVORCED. (Specify): <u>married</u>	8. DATE OF BIRTH: <u>6/12/187</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>waterman</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Oyster</u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY: <u>U.S.A.</u>	
13. FATHER'S NAME: <u>George W. Green</u>		14. MOTHER'S MAIDEN NAME: <u>Helen Brummel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>0</u>		16. SOCIAL SECURITY NO.	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>434.2</u> IMMEDIATE CAUSE <u>Cardiac Asthma</u> DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(A) DUE TO <u>Cardiac Asthma</u> (B) DUE TO <u></u> (C) <u></u>			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12/12/54</u> to <u>1/2/56</u> , 1956, that I last saw the deceased alive on <u>12/12/55</u> , 1955, and that death occurred at <u>1:30 A.M.</u> from the causes and on the date stated above. SIGNATURE <u>Bob Perkins</u> ADDRESS <u>M. D. Royal Oak Md 15-56</u> DATE SIGNED			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>1/8/56</u>	NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) <u>Royal Oak Cem Royal Oak Md</u>
DATE REC'D BY LOCAL REGISTRAR <u>Jan 7, 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs Robert Perkins</u>	FUNERAL DIRECTOR <u>James B. Darwell Easton</u> ADDRESS
24. FUNERAL DIRECTOR		ADDRESS	

Dr. Perkins

BUREAU V. S.

JAN 11 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1958

01039

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (In this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	MARYLAND COUNTY <i>Queens Anne's</i> CITY <i>Centreville</i> 17X-2 (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	<i>Easton Memorial Hosp.</i>		
3. NAME OF DECEASED: (Type or Print)	(First) <i>SARA</i>	(Middle) <i>Handy</i>	(Last)
4. DATE (Month) OF DEATH:	1	13	1958
5. SEX:	6. COLOR OR RACE: <i>F</i> COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:
9. AGE last birthday IF UNDER 1 YEAR yrs. <i>71</i>	IF UNDER 24 HRS. Months <i>0</i>	Days <i>0</i>	Hours <i>0</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <i>None</i>	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): <i>USA</i>	
12. CITIZEN OF WHAT COUNTRY?: <i>USA</i>	13. FATHER'S NAME: <i>Joseph Roys</i>		
14. MOTHER'S MAIDEN NAME: <i>Virginia Wilson</i>	15. WAR DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			
17. INFORMANT & ADDRESS: <i>Eddy Burns (nee)</i>			
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>331X</i> IMMEDIATE CAUSE (A) <i>Intra-cranial hemorrhage</i> ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) <i>Cerebral</i> (C) <i>Hypertension</i>			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <i>2</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) INJURY OCCUR?	(County) <i>Wye Mills</i> (State) <i>MD</i>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at <i>4:10</i> M, from the causes and on the date stated above. SIGNATURE <i>Old School</i>	ADDRESS <i>Wye Mills</i>	DATE SIGNED <i>17 June 1958</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>	DATE THEREOF <i>1-16-56</i>	NAME OF CEMETERY OR CREMATORIAL <i>Wye Mills</i>	LOCATION (City, town, or county) (State) <i>Wye Mills, Md.</i>
DATE REC'D BY LOCAL REGISTRAR <i>1-14-56</i>	REGISTRAR'S SIGNATURE <i>N.H. Nease</i>	24. FUNERAL DIRECTOR ADDRESS <i>Funeral Daniel Easton, Md.</i>	

BUREAU V. S.

JAN 30 1956

RECEIVED

This is all
the information
that could
be obtained

PP/Hammond
Memorial Hospital



1079

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY <i>Talbot</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Maryland</i> COUNTY <i>Talbot</i>	
CITY (If outside corporate limits, write RURAL OR TOWN <i>Royal Oak</i>) LENGTH OF STAY <i>in this place 54 years</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Royal Oak</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>00</i>		STREET ADDRESS <i>(If rural give location)</i>	
3. NAME OF DECEASED: (Type or Print) <i>Frederick</i>		(First) <i>Frederick</i> (Middle) <i></i> (Last) <i>Harper</i>	4. DATE (Month) OF DEATH <i>Jan. 15</i> (Year) <i>1956</i>
5. SEX: <i>Male</i>		6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. <i>Specified</i>
8. DATE OF BIRTH <i>Oct. 2 1871</i>		9. AGE last birthday IF UNDER 1 YEAR 84 yrs. Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life.) <i>Gasometer</i>		10B. KIND OF BUSINESS OR INDUSTRY: <i></i>	
11. BIRTHPLACE (State or foreign country): <i>Battle Creek Mich.</i>		12. CITIZEN OF WHAT COUNTRY: <i>U.S.</i>	
13. FATHER'S NAME: <i>John Harper</i>		14. MOTHER'S MAIDEN NAME: <i>Unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMEO FORCES? (Yes, no, or unk.) <i>Yes</i> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i></i>	
17. INFORMANT & ADDRESS: <i>Mrs. Newman Bellamy Bellevue Md.</i>		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <i>6 hr</i>	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>420.1</i>			
IMMEDIATE CAUSE <i>myocardial infarction</i>		(A) DUE TO	
ANTECEDENT CAUSE (S) <i>arteriosclerotic coronary heart d.</i>		(B) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <i>abdominal aneurysm.</i>		(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <i></i>		19B. MAJOR FINDINGS OF OPERATION <i></i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <i>6 hr</i>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <i></i>	
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>M.</i>	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>6-15-56</i>	
22. I hereby certify that I attended the deceased from <i>1-10 1956</i> to <i>1-15 1956</i> , that I last saw the deceased alive on <i>1-15 1956</i> , and that death occurred at <i>6:45 PM</i> , from the causes and on the date stated above. SIGNATURE <i>Frederick Harper</i> ADDRESS <i>Spring Hill Cemetery</i> DATE SIGNED <i>1-18-56</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>Jan. 18, 1956</i> NAME OF CEMETERY OR CREMATORIUM <i>Spring Hill Cemetery</i> LOCATION (City, town, or county) <i>Easton Md.</i> (State)	
DATE REC'D BY LOCAL REGISTRAR <i>Jan 18 1956</i>		REGISTRAR'S SIGNATURE <i>Mrs. Walter R. Beck</i> 24. FUNERAL DIRECTOR <i>Malvina E. Newman Son</i> ADDRESS	

BUREAU V. S.

JAN 24 1956

RECEIVED

1060

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Mar. 10-1</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>EASTON</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Greensboro</u>	
LENGTH OF STAY (in this place) <u>20 days</u>		STREET ADDRESS <u>(If rural give location)</u>	
3. NAME OF DECEASED: (Type or Print) <u>Mrs. Susie</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>May 22 1956</u>	
5. SEX: <u>F</u>	6. COLOR OR RACE: <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Widowed</u>	8. DATE OF BIRTH: <u>March 9 1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Greensboro</u>	
13. FATHER'S NAME: <u>Jenkins</u>		14. MOTHER'S MAIDEN NAME: <u>Charlotte Taylor</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>422.1</u> IMMEDIATE CAUSE <u>Subarachnoid hemorrhage</u> ANTECEDENT CAUSE (S) <u>a - c . V.D.</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>M.</u>		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/2</u> , 1956, to <u>1/22</u> , 1956, that I last saw the deceased alive on <u>1/22</u> , 1956, and that death occurred at <u>4:30 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>J. B. C.</u> ADDRESS <u>Easton, Md.</u> DATE SIGNED			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>1/25/56</u> NAME OF CEMETERY OR CREMATORIAL <u>Parsons</u> LOCATION (City, town, or county) (State) <u>Salesbury, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>1/23/56</u>		REGISTRAR'S SIGNATURE <u>N.Y. Neeress</u> 24. FUNERAL DIRECTOR ADDRESS <u>George C. Thigpen</u> <u>Salesbury, Md.</u>	

RECEIVED
BUREAU V. S.

JAN 30 1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1959

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Queen Anne</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Euston</u> LENGTH OF STAY (in this place) <u>11 days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Princetownville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Memorial Hospital</u>		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED: (Type or Print) <u>James</u>		(First) <u>J</u> (Middle) <u>B.</u> (Last) <u>Hess</u>	4. DATE (Month) OF DEATH: <u>1</u> <u>20</u> <u>1956</u>
5. SEX: <u>M</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): <u>Divorced</u>	8. DATE OF BIRTH: <u>June 28, 1869</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10B. KIND OF BUSINESS OR INDUSTRY:	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>James B. Hess</u>		14. MOTHER'S MAIDEN NAME: <u>Anna Marie Friel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT & ADDRESS: <u>Mrs Clara G. Syntae</u>		18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>Heart failure</u>	
IMMEDIATE CAUSE <u>Artherosclerotic heart disease</u>		ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <u>Artherosclerotic heart disease</u>	
(A) DUE TO		(B) DUE TO	
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>M.</u>		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/9</u> , 1956, to <u>1/20</u> , 1956 that I last saw the deceased alive on <u>1/20</u> , 1956, and that death occurred at <u>12:30</u> P.M. from the causes and on the date stated above. SIGNATURE <u>John J. Heron</u>		ADDRESS <u>Baltimore</u> DATE SIGNED <u>27 Jun 1956</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>1/23/56</u> NAME OF CEMETERY OR CREMATORIAL <u>St. Peters</u> LOCATION (City, town, or county) <u>Queentown</u> (State) <u>Md</u>	
DATE REC'D BY LOCAL REGISTRAR <u>1/20/56</u>		REGISTRAR'S SIGNATURE <u>J. H. Heron</u> 24. FUNERAL DIRECTOR ADDRESS <u>Baltimore Fun. Cremation, Maryland</u>	

RECEIVED
BUREAU V. S.

JAN 30 1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01043

1-61

Item 1b, Film G191 1-16-56 et

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

COUNTY

Talbot

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

Easton

LENGTH OF STAY
(in this place)

1 1/2 days

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE

Md.

COUNTY

Talbot

CITY (If outside corporate limits, write RURAL and give nearest town)

Bellevue

STREET
ADDRESS

(If rural give location)

3. NAME OF
DECEASED:
(Type or Print)

Robert

(Middle)

(Last)

4. DATE (Month)
OF
DEATH: Jan. 1
(Year) 1956

5. SEX:

Male

6. COLOR OR
RACE:

Black

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify):

married

8. DATE OF BIRTH:

Aene 10 1896

9. AGE last birthday

59

IF UNDER 1 YEAR

Months

IF UNDER 24 Hrs.

Days

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):10B. KIND OF BUSINESS
OR INDUSTRY:

Palmer

11. BIRTHPLACE (State or foreign country):

Virginia

12. CITIZEN OF WHAT
COUNTRY?

U. S. A.

13. FATHER'S NAME:

Alec Johnson

14. MOTHER'S MAIDEN NAME:

Sallie Carter

15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates
of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

Martha Johnson (wife)

18. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE

(A)
DUE TO

Same

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.(B)
DUE TO

Aphoplexy

2 days

(C)

H. C. V.D.

?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURYWhile
at work Not while
at work

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/30/55, to 1/1/56, that I last saw the deceased
alive on Jan 1, 1956, and that death occurred at 8:15 AM, from the causes and on the date stated above.
SIGNATURE *B. C. C.* ADDRESS *Easton End* DATE SIGNED *1-1-56*23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

1-3-56

NAME OF CEMETERY OR CREMATORI

Bellevue

LOCATION (City, town, or county) (State)

Bellevue *md*DATE REC'D BY LOCAL
REGISTRAR

1-2-56

REGISTRAR'S SIGNATURE

N. H. Neer

24. FUNERAL DIRECTOR

John Miller

ADDRESS

John Miller

BUREAU V. S.

JAN 10 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01044

1962

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

COUNTY Talbot

MARYLAND

CITY (if outside corporate limits, write RURAL
OR and give nearest town)LENGTH OF STAY
(in this place)TOWN 40 Easton

18 da

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS80 Memorial Hospital3. NAME OF
DECEASED:
(Type or Print)

(First)

(Middle)

(Last)

4. SEX: male COLOR OR RACE: white

6. COLOR OR RACE:

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.

(Specify): married

8. DATE OF BIRTH:

December 31, 1903

Kelly Jr

9. AGE last birthday

52 yrs.

IF UNDER 1 YEAR
Months

Days

IF UNDER 24 HRS.
Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

13. FATHER'S NAME:

Mr Louis Kelly, Jr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE

(A)
DUE TO

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.(B)
DUE TO

(C)

Myocardial Infarct of
Coronary ThrombosisINTERVAL BETWEEN
ONSET AND DEATHII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While
at work Not while
at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 31, 1955, to, 19....., that I last saw the deceased
alive on, 19....., and that death occurred at 4:20 A.M., from the causes and on the date stated above.
SIGNATURE John J. Neely ADDRESS Easton DATE SIGNED 8 Jan 195623. BURIAL, CREMATION,
REMOVAL (SPECIFY)BURIAL
DATE REC'D BY LOCAL
REGISTRAR
1-956

DATE THEREOF

REGISTRAR'S SIGNATURE

NAME OF CEMETERY OR CREMATORI

STEVENSVILLE, Md.

LOCATION (City, town, or county)

(State)

STEVENSVILLE, Md.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Elgar J. Lane

ADDRESS

Church Hill, Md.

(State)

BUREAU V. S.

JAN 17 1956

RECEIVED

1063

CERTIFICATE OF DEATH

01045
290

Reg. Dist. No.

INSTRUCTIONS

TO ATTENDING PHYSICIAN: The law requires that the death certificate be submitted within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Talbot MARYLAND		STATE Maryland COUNTY Talbot	
CITY (If outside corporate limits, write RURAL or TOWN and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
TOWN Easton		TOWN St. Michaels,	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
Memorial Hospital, Easton, Md.		(If rural give location)	
3. NAME OF DECEASED (First) Charles (Middle) Kiehl (Last)		4. DATE OF DEATH 1 6 1956	
5. SEX M 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH 3/17/1872 9. AGE last birthday 83 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Owner		10b. KIND OF BUSINESS OR INDUSTRY Hotel 11. BIRTHPLACE (State or foreign country) Germany	
13. FATHER'S NAME George K. Kiehl		14. MOTHER'S MAIDEN NAME Katherine Schmoll	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT & ADDRESS Memorial Hospital, Easton, Md.		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 177X IMMEDIATE CAUSE (A) carcinoma - generalized - metastatic		INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) carcinoma - prostate - adenoca.		INTERVAL BETWEEN ONSET AND DEATH 2 + yrs	
STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized cachexia			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) 7 (Day) 26 (Year) 1956 (Hour) 19		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-26-1956 to 1-6-1956 , that I last saw the deceased alive on 1-6-1956 , and that death occurred at 9 AM , from the causes and on the date stated above.			
SIGNATURE George Kiehl		ADDRESS (Street, city, town, state) M.D. St. Michaels, Md. 1-7-56	
DATE SIGNED			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1/10/56 NAME OF CEMETERY OR CREMATORIAL Willwood	
LOCATION (City, town, or county) Williamsport		(State) Penna.	
24. REC'D BY REGISTRAR JAN 11 1956		REGISTRAR'S SIGNATURE Mrs. N. R. Nevin	
25. FUNERAL DIRECTOR'S SIGNATURE Norman D. Marshall		ADDRESS St. Michaels, Md.	
DATE			

BY BROOKS, THE CHARGED STATE GUARANTEE

TRANSMISSIONS

Q

BUREAU V. S.

JAN 11 1955

RECEIVED

1080

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01046

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:

COUNTY Talbot

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN St. MICHAELS

LENGTH OF STAY
(in this place)

25 YEARS

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS3. NAME OF
DECEASED:
(Type or Print)

(First) SAMUEL

(Middle) WILLARD

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md

COUNTY Talbot

CITY (If outside corporate limits, write RURAL and give nearest town)
OR
TOWN

St. Michaels.

STREET
ADDRESS

(If rural give location)

Grace St.

5. SEX:

6. COLOR OR
RACE:

MALE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify):

8. DATE OF BIRTH:

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):10B. KIND OF BUSINESS
OR INDUSTRY:

10C. BIRTHPLACE (State or foreign country):

10D. CITIZEN OF WHAT
COUNTRY?

10E. MOTHER'S MAIDEN NAME:

10F. DATE OF DEATH:

10G. PLACE OF DEATH:

10H. TIME (Month) (Day) (Year):

10I. PLACE (Home, farm, factory,
street, office bldg., etc.):10J. WHERE DID (City or town)
(County) (State):10K. INJURY OCCURRED
at work

10L. HOW DID INJURY OCCUR?

10M. DATE REC'D BY LOCAL
REGISTRAR

10N. REGISTRAR'S SIGNATURE

10O. ADDRESS

10P. DATE SIGNED

10Q. M.D.

10R. ST. MICHAELS MD 1-16-56

10S. ADDRESS

10T. DATE SIGNED

10U. M.D.

10V. ST. MICHAELS MD 1-16-56

10W. ADDRESS

10X. DATE SIGNED

10Y. M.D.

10Z. ST. MICHAELS MD 1-16-56

10AA. ADDRESS

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BUREAU V. S.

JAN 18 1956

RECEIVED

1964

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Easton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Easton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS <u>405 North St.</u> (If rural give location) <u>49</u>	
3. NAME OF DECEASED: (Type or Print) <u>Marion James Marshall</u>		4. DATE (Month) (Day) (Year) OF DEATH <u>Jan 25 1956</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH: <u>May 8, 1889</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tobacconist</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Feed mill</u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland (Talbot Co)</u>		12. CITIZEN OF WHAT COUNTRY? <u>A.S.</u>	
13. FATHER'S NAME: <u>James W. Marshall</u>		14. MOTHER'S MAIDEN NAME: <u>Murphy & Ball</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>Yes</u> (If Yes, give war or dates of service) <u>WWI</u>		16. SOCIAL SECURITY NO. <u>218-01-8632</u>	
17. INFORMANT & ADDRESS: <u>Edward Marshall</u>		18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>420.1</u> IMMEDIATE CAUSE (A) <u>Coronary Thrombosis</u> DUE TO ANTECEDENT CAUSE (B) <u>Coronary atherosclerotic</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Heart disease</u> DUE TO INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>3 yrs</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <u>0</u>		19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>M.</u>		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1954</u> , 19, to <u>25 Jan 1956</u> , that I last saw the deceased alive on <u>1954</u> , 1956, and that death occurred at <u>M.</u> , from the causes and on the date stated above. SIGNATURE <u>Marion James Marshall</u> ADDRESS <u>Easton, Maryland</u> DATE SIGNED <u>26 Jan 1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan 28, 1956</u> NAME OF CEMETERY OR CREMATORIAL <u>Spring Hill Cemetery</u> LOCATION (City, town, or county) <u>Easton, Maryland</u> (State)	
DATE REC'D BY LOCAL REGISTRAR <u>1-26-66</u>		REGISTRAR'S SIGNATURE <u>M. H. Neeress</u> 24. FUNERAL DIRECTOR ADDRESS <u>Maurice E. Newcomer & Son</u>	

BUREAU V. S.

FEB 6 1976

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1965

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Easton</u>		LENGTH OF STAY (in this place) <u>2 days</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Memorial Hospital</u>		STREET ADDRESS <u>Easton</u>	
3. NAME OF DECEASED: (Type or Print) <u>Catherine</u>		(First) <u>Catherine</u> (Middle) <u></u> (Last) <u>Marth</u>	4. DATE (Month) OF DEATH: <u>1</u> <u>19</u> <u>1956</u>
5. SEX: <u>W</u>	6. COLOR OR RACE: <u>Le</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u></u>	8. DATE OF BIRTH: <u>June 7, 1868</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10B. KIND OF BUSINESS OR INDUSTRY:	9. AGE last birthday IF UNDER 1 YEAR 87 yrs. IF UNDER 24 HRS. Months Days Hours Min.
11. FATHER'S NAME: <u>Michael Corroy</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13. MOTHER'S MAIDEN NAME: <u>Anne Huddy</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>0</u>		16. MEDICAL CERTIFICATION 16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT & ADDRESS: <u>Mrs Helen Ewing (daughter)</u>
18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>420.1</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
IMMEDIATE CAUSE <u></u>		(A) DUE TO <u>MYOCARDIAL RUPTURE</u>	
ANTECEDENT CAUSE (S) <u></u>		(B) DUE TO <u>Acute MYOCARDIAL INFARCTION</u>	<u>48 hours</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(C) <u>ARTERIOSCLEROTIC + HYPERTENSIVE HEART DISEASE</u> <u>Years</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) INJURY OCCUR?	(County) <u></u> (State) <u></u>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1950</u> , to <u>1/19/56</u> , that I last saw the deceased alive on <u>1-19</u> , <u>1956</u> , and that death occurred at <u>9:15 AM</u> , from the causes and on the date stated above. SIGNATURE <u>Phoenix</u> ADDRESS <u>Easton</u> DATE SIGNED <u>1/24/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF <u>Jan 23, 56</u>	NAME OF CEMETERY OR CREMATORIAL <u>Spring Hill</u>	LOCATION (City, town, or county) <u>Easton</u> (State) <u>MD</u>
DATE REC'D BY LOCAL REGISTRAR <u>1/20/56</u>	REGISTRAR'S SIGNATURE <u>W.H. Miller</u>	24. FUNERAL DIRECTOR ADDRESS <u>Easton</u>	

BUREAU Y. E

AN 30 1956

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1066

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY <u>ALBOTT</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Queen Anne's</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>KASTON</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Centreville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>KASTON Memorial Hosp</u>		STREET ADDRESS <u>178-2</u>	
3. NAME OF DECEASED: (Type or Print)	(First) <u>Augusta</u>	(Middle) <u>B.</u>	(Last) <u>MILLER</u>
4. DATE (Month) OF DEATH: <u>1</u> <u>13</u> <u>1956</u>	5. SEX: <u>F</u>	6. COLOR OR RACE: <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <u>Widowed</u>
8. DATE OF BIRTH: <u>Dec. 20 1889</u>	9. AGE last birthday IF UNDER 1 YEAR yrs. <u>66</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>None</u>	10B. KIND OF BUSINESS OR INDUSTRY: <u>None</u>
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	12. CITIZEN OF WHAT COUNTRY? <u>United States</u>		
13. FATHER'S NAME: <u>William Jones Barton</u>	14. MOTHER'S MAIDEN NAME: <u>Lora Temp.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>		
17. INFORMANT & ADDRESS: <u>Mrs Naomi B. Brown</u>			
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>
IMMEDIATE CAUSE <u>Myocardial infarction due</u>	(A) DUE TO		
ANTECEDENT CAUSE (S): <u>atherosclerotic coronary</u>	(B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(C) DUE TO <u>thrombosis</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) INJURY OCCUR?	(County) <u>Calvert</u> (State) <u>Maryland</u>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>M.</u>	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1954</u> , to <u>1/13</u> , 1956, that I last saw the deceased alive on <u>1/13</u> , 1956, and that death occurred at <u>6:15</u> A.M., from the causes and on the date stated above. SIGNATURE <u>Theresa Harrison</u> ADDRESS <u>Calvert Maryland 178-2</u> DATE SIGNED <u>12/26/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	DATE THEREOF <u>1/15/56</u>	NAME OF CEMETERY OR CREMATORIAL <u>Bethelville Cemetery</u>	LOCATION (City, town, or county) (State) <u>Bethelville, Maryland</u>
DATE REC'D BY LOCAL REGISTRAR <u>1/14/56</u>	REGISTRAR'S SIGNATURE <u>Theresa Harrison</u>	24. FUNERAL DIRECTOR <u>Barton Brown, Bethelville, Maryland</u>	ADDRESS

BUREAU V. S.

JAN 24 1952

RECEIVED

TO ATTENDING PHYSICIAN **HOSPITAL:** The law requires that the death certificate be retained by the hospital or attending physician. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10/M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1081

CERTIFICATE OF DEATH

01050
291

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Talbot MARYLAND		STATE St. Maryland COUNTY Talbot	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN St. Michaels		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year)	
(First) William J. Mitchell		OF DEATH 1 9 1956	
5. SEX M	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 11/14/1875
9. AGE last birthday 80 yrs.	10. KIND OF BUSINESS OR INDUSTRY Waterman	11. BIRTHPLACE (State or foreign country) St. Michaels, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Samuel Mitchell	14. MOTHER'S MAIDEN NAME Katherine Green		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? NO	16. SOCIAL SECURITY NO. 217-03-6108	17. INFORMANT & ADDRESS * Louise Mitchell	18. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 IMMEDIATE CAUSE (A) Myocardial infarction ANTECEDENT CAUSE(S) DUE TO (B) arterioembolic coronary heart. - DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) - INTERVAL BETWEEN ONSET AND DEATH 6 hrs			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-15, 1954, to 1-9, 1956, that I last saw the deceased alive on 1-9, 1956, and that death occurred at 1:45 P.M. from the causes and on the date stated above.			
SIGNATURE		ADDRESS (Street, city, town, state)	DATE SIGNED
Burial		M.D. St. Michaels, Md. 1-9-56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF 1/11/56	NAME OF CEMETERY OR CREMATORIAL New St. Michaels Cemetery	LOCATION (City, town, or county) St. Michaels, Md.
24. REC'D BY REGISTRAR DATE JAN 11 1956	REGISTRAR'S SIGNATURE Mrs. R. J. Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas D. Marshall, St. Michaels, Md.	

CERTIFICATE OF DEATH

BUREAU V. S.

JAN 11 195

RECEIVED

1082

CERTIFICATE OF DEATH

Item 7, Film 191 1-13-56 et

Reg. Dist. No. 291

1. PLACE OF DEATH

COUNTY

Talbot

MARYLAND

CITY (If outside corporate limits, write RURAL
OR
and give nearest town)

TOWN

Tilghman
HOSPITAL OR
INSTITUTION OR
STREET ADDRESSLENGTH OF STAY
(in this place)

7 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE

Md

COUNTY

Talbot

CITY (If outside corporate limits, write RURAL and give nearest town)

OR

TOWN

Tilghman

STREET
ADDRESS

Sherwood, Md

3. NAME OF
DECEASED
(Type or Print)

(First)

(Middle)

(Last)

George Peoples

4. DATE
OF
DEATHJan. 9
1956

5. SEX

6. COLOR OR
RACE7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)

Male

Male

Col

Single

10. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired)10b. KIND OF BUSINESS
OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT
COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE

(A)

ANTECEDENT CAUSE(S)

DUE TO

DISEASES OR CONDITIONS, IF ANY,

(B)

GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST.

(C)

19. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED

While
at work Not while
at work

21f. HOW DID INJURY OCCUR?

M.

at work at work

22. I hereby certify that I attended the deceased from.....

alive on.....

SIGNATURE

1955

, to.....

19.....

, that I last saw the deceased

from the causes and on the date stated above.

ADDRESS (Street, city, town, state)

DATE SIGNED

1955

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DATE JAN 11 1956

Mrs. H. Seth

Norman H. Marshall - St. Michaels Md

INSTRUCTIONS
TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be submitted within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-5 10M

CERTIFICATE OF DEATH

Form 5010-001

DEPARTMENT OF HOMELAND SECURITY

DEATH CERTIFICATE

BUREAU V. S.

JAN 11 1956

RECEIVED

1967

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

COUNTY Talbot.

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWNLENGTH OF STAY
(in this place)

Easter 11 hrs 24 min.

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Memorial Hospital

3. NAME OF
DECEASED:
(Type or Print)

Nannie Pollard.

(First)

(Middle)

(Last)

5. SEX:

Female.

6. COLOR OR
RACE:

Caucasian.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify)

Widowed.

8. DATE OF BIRTH:

Oct.

30, 1894.

Year.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life.
even if retired):

even if retired):

10B. KIND OF BUSINESS
OR INDUSTRY:

Business.

even if retired):

UREAU V. S.

JAN 30 1956

REGIY ED

1068

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY	Talbot	MARYLAND	STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
TOWN	12 days	Easton	Easton
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Memorial	STREET ADDRESS	(If rural give location)
3. NAME OF DECEASED: (Type or Print)	(First) George	(Middle) R.	(Last) Powderhill
4. DATE (Month) OF DEATH:	1	(Day) 14	(Year) 1956
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W	8. DATE OF BIRTH: May 22, 1885
9. AGE last birthday IF UNDER 1 YEAR Months	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Penns.
11. CITIZEN OF WHAT COUNTRY?: U. S. A.	12. MOTHER'S MAIDEN NAME: Mary Heinlein		
13. FATHER'S NAME: Mr. Thomas Powderhill	14. INFORMANT & ADDRESS: Mrs Margaret Powderhill		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.	17. INTERVAL BETWEEN ONSET AND DEATH	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
587.2 IMMEDIATE CAUSE			
(A) DUE TO Hemorrhage			
ANTECEDENT CAUSE (S)			
(B) DUE TO Aneurism of coronary artery			
(C)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
2			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) INJURY OCCUR? (County)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
M.			
22. I hereby certify that I attended the deceased from , 19....., to , 19....., that I last saw the deceased alive on , 19....., and that death occurred at 10 AM, from the causes and on the date stated above. ADDRESS: <i>Orton</i> DATE SIGNED: <i>17 Jan 1956</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial	DATE THEREOF: Jan. 17, 1956	NAME OF CEMETERY OR CREMATORIUM: Spring Hill Cemetery	LOCATION (City, town, or county): Easton, Md. (State)
DATE REC'D BY LOCAL REGISTRAR: 7/16/56	REGISTRAR'S SIGNATURE: M. H. Nease	24. FUNERAL DIRECTOR: W. Hampton Powell	ADDRESS: Easton, Md.

RECEIVED
BUREAU V. S.

JAN 24 1965

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01054

1069

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

COUNTY

Talbot.

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS3. NAME OF
DECEASED:
(Type or Print)40
Foster.LENGTH OF STAY
(in this place)

25 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE

Md.

COUNTY

Talbot.

CITY (If outside corporate limits, write RURAL and give nearest town)

TOWN

St. Michaels, Md.

STREET
ADDRESS

(If rural give location)

4. DATE (Month)
OF
DEATH:

1 18 1956

5. SEX:

Female

6. COLOR OR
RACE

Caf.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify):

Divorced

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):10B. KIND OF BUSINESS
OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

Md.

12. CITIZEN OF WHAT
COUNTRY?

USA.

13. FATHER'S NAME:

Moses Roberts

14. MOTHER'S MAIDEN NAME:

Priscilla Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.)(If Yes, give war or dates
of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

Nilda Cleson, St. Michaels, Md.

meel

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY.

GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST.

(A) DUE TO

(B) DUE TO

(C)

Cerebral Vascular Accident

5 wks.

Hypertensive Cardiovascular

10 yrs.

Disease.

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OR INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from 1/12/22, 1956, to 1/18, 1956, that I last saw the deceased

alive on 1/15, 1956, and that death occurred at 3:05 AM, from the causes and on the date stated above.

SIGNATURE

ADDRESS

DATE SIGNED

1-23-56

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

Burial

1/20/56

St. Michaels

St. Michaels, Md.

St. Michaels, Md.

ADDRESS

1/19/56

N.H. Nease Norman

V. Marshall

ADDRESS

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
WASHINGON, D. C.

JAN 30 1956

ITEMS: 3, 8, 9, 10a: film

Reg. Dist. No. 295

CERTIFICATE OF DEATH

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: G 192 2-17-56 L		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Talbot</i>		STATE <i>Maryland</i> COUNTY <i>Talbot</i>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Easton, Md.</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Easton</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Easton Memorial Hospital</i>		STREET ADDRESS <i>129 S. Washington St.</i>	
3. NAME OF DECEASED: (Type or Print) <i>William</i>		4. DATE (Month) OF DEATH: <i>1 - 30 - 1956</i>	
(First) <i>William</i> (Middle) <i>THEODORE</i> (Last) <i>Robinson</i>		5. SEX: <i>Male</i> 6. COLOR OR RACE: <i>white</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>married</i> 8. DATE OF BIRTH: <i>March 29, 1872</i> 9. AGE last birthday <i>83</i> IF UNDER 1 YEAR 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i> 10a. KIND OF BUSINESS OR INDUSTRY <i>Business</i> 11. BIRTHPLACE (State or foreign country): <i>Maryland</i> 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME: <i>Theodore F. Robinson</i>		14. MOTHER'S MAIDEN NAME: <i>Helen N. Watkins</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>no</i> 16. SOCIAL SECURITY NO. <i>0</i>		17. INFORMANT & ADDRESS: <i>Meg Alice Robinson (wife)</i>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
420.0 IMMEDIATE CAUSE <i>Congestive Heart Failure</i> ANTECEDENT CAUSE (S) <i>3 mos.</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <i>Arteriosclerotic heart disease</i> STATED UNDERLYING CAUSE LAST.			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION: <i>0</i>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <i>Easton, Md.</i>	
21c. WHERE DID (City or town) INJURY OCCUR? <i>Easton, Md.</i>		(County) <i>Easton</i> (State) <i>Md.</i>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>M.</i>		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Aug. 1952</i> to <i>Jan. 30, 1956</i> , that I last saw the deceased alive on <i>1-30-1956</i> , and that death occurred at <i>150</i> M, from the causes and on the date stated above. SIGNATURE <i>Donald J. Bartley M.D.</i> ADDRESS <i>Easton, Md.</i> DATE SIGNED <i>1-30-56</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>Feb. 2, 1956</i> NAME OF CEMETERY OR CREMATORIUM <i>Woodlawn Cemetery</i> LOCATION (City, town, or county) <i>Annapolis</i> (State) <i>Md.</i>	
DATE REC'D BY LOCAL REGISTRAR <i>1-30-56</i>		REGISTRAR'S SIGNATURE <i>N. A. Nease</i> 24. FUNERAL DIRECTOR <i>M. E. Nease</i> ADDRESS <i>Easton</i>	

BUREAU V. S.

FEB 6 1956

RECEIVED

1071

CERTIFICATE OF DEATH

Reg. Dist. No. 290...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY <u>Talbot</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Easton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Easton</u>	
LENGTH OF STAY (in this place) <u>7 days</u>		STREET ADDRESS <u>RFD #4</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Memorial Hospital</u>		(If rural give location)	
3. NAME OF DECEASED: (Type or Print) <u>Joseph</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>1 9 1956</u>	
5. SEX: <u>M</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <u>D</u>	8. DATE OF BIRTH: <u>Oct 26, 1889</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u></u>	9. AGE last birthday IF UNDER 1 YEAR yrs. <u>66</u> Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Mr. Alexander Spencer</u>		14. MOTHER'S MAIDEN NAME: <u>Mary Eason</u>	
15. WAR DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) <u></u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT & ADDRESS: <u>Mrs. Laura M. Spencer</u>		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>422.1</u>		IMMEDIATE CAUSE <u>Aphrotery</u> <u>2 days</u>	
ANTECEDENT CAUSE (S):		(A) DUE TO <u>C. C. V.D.</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(B) DUE TO <u></u>	
		(C) <u>B.P. 14.</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION: <u>1/3/56</u>		19b. MAJOR FINDINGS OF OPERATION <u>TSPH. (mid lobe)</u>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, street, office bldg., etc.) <u></u>	
21c. WHERE DID INJURY OCCUR? (City or town) (County) <u></u> (State) <u></u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>M.</u>		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1954</u> , to <u>1-9, 1956</u> , that I last saw the deceased alive on <u>1-9, 1956</u> , and that death occurred at <u>10:30 A.M.</u> from the causes and on the date stated above. ADDRESS <u></u> DATE SIGNED <u></u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>13 C</u>		NAME OF CEMETERY OR CREMATORIAL <u>Spring Hill</u>	
DATE REC'D BY LOCAL REGISTRAR <u>1-10-56</u>		LOCATION (City, town, or county) <u>Indoor</u>	
REGISTRAR'S SIGNATURE <u>R. W. Nease</u>		24. FUNERAL DIRECTOR <u>W. Clark</u>	
		ADDRESS <u>Easton</u>	

RECEIVED
BUREAU V. S.
JAN 17 1956

1072

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

COUNTY BALTIMORE

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)LENGTH OF STAY
(In this place)

40

26 hrs

TOWN EASTON

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

80

EASTON MEMORIAL

3. NAME OF
DECEASED:
(Type or Print)

(First)

(Middle)

(Last)

LAURA

Spencer

5. SEX:

F.

6. COLOR OR
RACE:

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify):

Widower

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):

H.W.

10B. KIND OF BUSINESS
OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

MARYLAND

12. CITIZEN OF WHAT
COUNTRY?

United States

13. FATHER'S NAME:

James Mullikin

14. MOTHER'S MAIDEN NAME:

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

Mrs Bessie Robinson (daughter)

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE

(A)

DUE TO

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

3 days

ANTECEDENT CAUSE (S)

(B)

DUE TO

Anterior atherosclerotic Coronary Disease

?

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING OR
CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1954 to 1/13, 1956 that I last saw the deceased

alive on 1/13, 1956, and that death occurred at 12:30 A.M., from the causes and on the date stated above.
ADDRESS

DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county) (State)

Buried
DATE REC'D BY LOCAL
REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

1/14/56

M. A. Neff

1/14/56

EASTON

BUREAU V. S.

JAN 21 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01058
Reg. Dist. No. 291

1083

CERTIFICATE OF DEATH

I. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Talbot</u> CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>ROYAL OAK</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY (in this place) <u>84 YEARS</u> STATE <u>MD</u> COUNTY <u>Talbot</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>ROYAL OAK, MD</u> STREET ADDRESS <u>RURAL</u>			
3. NAME OF DECEASED: (Type or Print) <u>WILLIAM</u>		4. DATE OF DEATH: <u>JAN 3</u> (Month) (Day) (Year) 19 <u>56</u>			
5. SEX: <u>MALE</u> 6. COLOR OR RACE: <u>WHITE</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>SINGLE</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY:			
13. FATHER'S NAME: <u>CALEB STANFIELD</u>		11. BIRTHPLACE (State or foreign country): <u>ROYAL OAK, MARYLAND</u> 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.: <u>17. INFORMANT & ADDRESS:</u> <u>John Stanfield, Royal Oak, Md</u>			
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <u>422.1</u> Immediate cause <u>cardiac failure-chronic</u> Antecedent cause(s) <u>arteriosclerotic cardiac vascular</u> Diseases or conditions, if any, giving rise to the above cause stating underlying cause last				INTERVAL BETWEEN ONSET AND DEATH	
(a) <u>due to</u> (b) <u>due to</u> (c)				— —	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death <u>Hodgkin's d.</u>				— —	
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION:		20. AUTOPSY?	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		DATE SIGNED	
M.				<u>1-11-55</u> <u>1-3-56</u>	
22. I hereby certify that I attended the deceased from <u>1-11-55</u> , to <u>1-3-56</u> , that I last saw the deceased alive on <u>1-3-56</u> , and that death occurred at <u>2:00 A.M.</u> , from the causes and on the date stated above. SIGNATURE <u>John B. Michael, M.D.</u> (DEGREE OR TITLE) <u>ADDRESS</u> <u>1-3-56</u> (DATE SIGNED)					
23. BURIAL, CREMATION REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>Jan 5, 1956</u> NAME OF CEMETERY OR CREMATORIAL <u>Springhill Cemetery</u>		LOCATION (City, town, or county) <u>Easton, Maryland</u> (State)	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>Mrs. Ruth R. Self</u>		24. FUNERAL DIRECTOR ADDRESS <u>Hamilton Harrison, Jr. Michael</u> <u>md</u>	
<u>Jan 4, 1956</u>					

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

JAN 5 1956

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be retained by the hospital or attending physician. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01059

Reg. Dist. No. 290

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <u>Talbot</u> CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN <u>Easton</u>		MARYLAND LENGTH OF STAY (In this place) <u>2 days</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Memorial Hospital</u>		STATE <u>Maryland</u> COUNTY <u>Talbot</u> CITY (If outside corporate limits, write RURAL end give nearest town) TOWN <u>Cordova</u> STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year)	
(First) <u>Baby</u> (Middle) <u>Boy</u> (Last) <u>Steward</u>		1 5 1956	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>1-3-56</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME <u>William D. Steward</u>		14. MOTHER'S MAIDEN NAME <u>Nancy Hutchison</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
(If Yes, give war or dates of service)		17. INFORMANT & ADDRESS <u>Mr William D Steward</u>	
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>760.0</u> IMMEDIATE CAUSE (A) <u>Intracranial hemorrhage.</u> ANTECEDENT CAUSE(S) DUE TO <u>Formation of ventricle</u> DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) <u>Congenital hydronephro-urephrosis.</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION <u>2</u>		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <input type="checkbox"/> (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
		M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 19 to 19 , that I last saw the deceased alive on 19 , and that death occurred at 8:45 P.M. from the causes and on the date stated above.			
SIGNATURE <u>John Howard</u> ADDRESS (Street, city, town, state) <u>Canton</u> DATE SIGNED <u>6 Jun 1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF <u>1-6-56</u>	NAME OF CEMETERY OR CREMATORIAL M.D. <u>Fairview</u>
24. REC'D BY REGISTRAR DATE <u>1-6-56</u>		REGISTRAR'S SIGNATURE <u>N. H. Neesie</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Donald J. Greatman</u>

WIRELESS INFORMATION TO HAWAII-ARIZONA

RECEIVED TO STATION

RECEIVED INFORMATION TO HAWAII

RECEIVED

RECEIVED

RECEIVED INFORMATION

BUREAU U. S.

JAN 12 1956

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01060

1974

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY		MARYLAND	STATE		MARYLAND COUNTY Talbot
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)		
TOWN Easton		Life	TOWN Royal Oak		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS		Box 196
Highway			(If rural give location)		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
(First) Alfred Coxen Thomas			1 13 1956		
(Middle)		(Last)		(Year)	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months Days Hours Min.
Male	Col	Single	31 9 34	24 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			11. BIRTHPLACE (State or foreign country) Maryland		
10b. KIND OF BUSINESS OR INDUSTRY Lumberman			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Robert Woodland Thomas			14. MOTHER'S MAIDEN NAME Mildred Coxen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) YES			16. SOCIAL SECURITY NO.		
17. INFORMANT & ADDRESS Mrs. Mildred Coxen			18. MEDICAL CERTIFICATION		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			IMMEDIATE CAUSE (A) Multiple fractures ANTECEDENT CAUSE(S) DUE TO Auto accident		
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO			INTERVAL BETWEEN ONSET AND DEATH Minutes		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OR INJURY street, office bldg., etc.) Shirley		21c. WHERE DID INJURY OCCUR? (City or town) (County) Talbot (State) Md.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? drove car into road grader	
22. I hereby certify that I attended the deceased from (Died) 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 6:45 A.M. from the causes and on the date stated above. SIGNATURE Lewis W. West MD DME ADDRESS (Street, city, town, state) 640 Easton Md. DATE SIGNED 1-14-56					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1/16/56	NAME OF CEMETERY OR CREMATORIAL Royal Oak Cem.		LOCATION (City, town, or county) Royal Oak Md. (State)
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE N.H. Neerius	25. FUNERAL DIRECTOR'S SIGNATURE James Blashill, Easton, Md.		ADDRESS
DATE 1/14/56					

WISCONSIN STATE DEPARTMENT OF NATURE-FAUNA-FLORA

CERTIFICATE OF DEATH

REG. DEPT. OF

REG. DEPT. OF NATURE-FAUNA-FLORA

REG. DEPT.

BUREAU V. S.

JAN 21 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1084

01061

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:

COUNTY Talbot

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN WITTMAN

LENGTH OF STAY
(in this place)

Life

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS3. NAME OF
DECEASED:
(Type or Print)

(First) WELBY

(Middle)

(Last)

WILLEY

5. SEX:

MALE

6. COLOR OR
RACE:

WHITE

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):

WATERMAN

10B. KIND OF BUSINESS
OR INDUSTRY:

SEAFOOD

13. FATHER'S NAME:

CHARLES WILLEY

16. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates
of service)

NONE

16. SOCIAL SECURITY NO.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.1

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(A) DUE TO

(B) DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

17. INFORMANT & ADDRESS:

Mrs. Welby Willey, Wittman Md.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

0

20. AUTOPSY?
YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

M.

21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1956 to Jan 14, 1956, that I last saw the deceased
alive on Jan 14, 1956, and that death occurred at 6 P.M. from the causes and on the date stated above.
SIGNATURE: *John W. Willey* ADDRESS: *6 P. M. D.* DATE SIGNED: *Jan 14, 1956*23. BURIAL, CREMATION,
REMOVAL (SPECIFY)DATE THEREOF
1/17/56NAME OF CEMETERY OR CREMATORIUM
Wilt CemeteryLOCATION (City, town, or county)
St. Michaels, Md. (State)DATE REC'D BY LOCAL
REGISTRARREGISTRAR'S SIGNATURE
Mrs. Robt. L. Scott

24. FUNERAL DIRECTOR

ADDRESS

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

IAN 18 1956

RECEIVED